

**CITY OF BOSTON ENVIRONMENT DEPARTMENT
AIR POLLUTION CONTROL COMMISSION (APCC)**

NEW OR MODIFIED
PARKING FREEZE PERMIT (PFP) APPLICATION

NOTICE: PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION. APPLICATIONS THAT ARE INCOMPLETE OR HAVE ERRORS WILL NOT BE ACCEPTED AND WILL NOT TOLL ANY DEADLINES.

1. Parcel ID #: _____ (Assessing Department #)

Name, address of facility:	Name, address of owner:

Name, address of contact person:	Name and address of lessee, if any:

2. Attach written proof that applicant is owner of record or has written approval from the owner of record to file application. [See instructions.]

3. Type of Request: ☐ New Facility? ☐ Existing Facility?

4.

Freeze Area	Total # of spaces	# of new spaces	# of existing spaces
DOWNTOWN	X	X	X
SOUTH BOSTON			
EAST BOSTON	X	X	X

5.

Type of Spaces	Commercial	Residential	Employee
DOWNTOWN	X	X	X
SOUTH BOSTON			
EAST BOSTON	X	X	X

6. Total square footage of property referred to in this application: _____ **SF.**

7. Gross square footage of all occupied buildings on the property, whether occupied for residential, commercial, retail, manufacturing, or any other purpose.

Purpose	Square Footage

8. Attach a site plan or floor plan of the parking lot or garage, showing:

- ☐ location of the facility; ☐ entry and exit points; and
☐ layout of the spaces; ☐ total square footage of the parking area.

9. Provide ratio of proposed parking spaces to # of patrons. [see instructions]

___ parking spaces for ___ employees; ___ residents; ___ other patrons

10. Indicate the proposed parking rate structure, if any:

- ☐ ___ per hour, ___ per day; ___ per month.
☐ these rates are in effect: _____ (days of the week).

11. Current parking method(s) in effect on the property (check all that apply):

- ☐ valet ☐ self-parking ☐ surface ☐ garage

12. List all supporting documents and/or appendices accompanying this application.

13. Please verify all the information you have supplied above and enclose a check or money order for the application fee (\$10 per parking space) with your application, made payable to the "City of Boston, Air Pollution Control Commission."

If the application is in all respects an accurate and complete document and full payment is enclosed, then a hearing date and time shall immediately issue .

APPLICABLE FEE: __, __ spaces x \$10/ space = \$__, ____.

PAYMENT SUBMITTED BY: ☐ Check ☐ Money Order.

*I hereby attest that this document contains, in all respects,
true, accurate and complete information.*

Signed, _____

Date _____

APPENDIX A:
STATEMENT OF NEED OF PROPOSED FACILITY
[SEE # 10 OF INSTRUCTIONS FOR NEW OR MODIFIED PERMIT APPLICATION]